## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90003 015 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 561472

1. Corporation Name

PINE ISLAND INDUSTRIAL PARK, INC.

officer or director of the corporation or the ry Block 12 or Block 13 if changed, or on any

14. I hereby/certify that the information supplied with the filing do indicated on this annual report or supplemental annual report officer or director of the corporation or the report or trustee.

CITY-ST-ZIP

SIGNATURE:

Principal Place	e of Business	Mailing Address					•••
4700 PINE ISLA	ND ROAD NW	4700 PINE ISLAND ROAD NW					
P.O. BOX 66		P.O. BOX 66		DO NOT WRITE IN THIS SPACE			
MATLACHA FL 33993		MATLACHA FL 33909		3. Date Incorporated or Qualifed			
US							
					03/08/1978 4. FEI Number	1 1	olied For
2. Principal Pl	lace of Business	2a. Mailing Address			<b>I</b>	<u> </u>	Applicable
21		26		59-1807715			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5Certifcate of Status Desired	\$8.75 A		
22		27					
City & State	e	City & State		6. Election Campaign Financing	\$5.00 i Added to	, ,	
23		28	Countr		Trust Fund Contribution		1 Fees
Zip	— — — — — — — — — — — — — — — — — — —		Country	1	8. This corporation owes the current year		□No
24	25	29 30	)		Personal Property Tax.  10. Name and Address of New Registere		
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	u Agent	
CLUMADETE ALEVANDED M			01	Name			
GLUHAREFF, ALEXANDER M		82 Street Add		Street Add	ress (P.O. Box Number is Not Acceptable)		
4700 PINE ISLAND ROAD NW							
MATLACHA FL 33993			83				
			84	City		85 Zip C	ode
			1		F	_	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its i	registered sistered
oπice or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	3.			,
SIGNATURE							\
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	PT	☐ DELETE	1.1 TITLE			Change	Addition
NAME	GLUHAREFF, ALEXANDER M.		1.2 NAME	l			,
STREET ADDRESS	3596 EMERAL AVENUE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	ST JAMES CITY, FL 00000		1.4 CITY-S	ST-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	GLUHAREFF, ALEXANDER M.		2.2 NAME				
STREET ADDRESS	3596 EMERAL AVE			1			ł
CITY-ST-ZIP	ST JAMES CITY, FL 00000		2.3 STREE	TADORESS			I
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NAME		☐ DELETE	2.4 CITY- 3.1 TITLE 3.2 NAME	-		☐ Change	Addition
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ith all other like empowered.

to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of curate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in